Michigan Medicaid Professional Providers

CHAMPS, NPI & Updates

www.michigan.gov/mdch

Michigan Medicaid Programs

- Straight Michigan Medicaid
  - Title XIX
  - Fee For Service (FFS)
- Children's Special Healthcare Services (CSHCS)
  - Title V
  - Provides certain approved coverage for qualifying conditions: Cystic Fibrosis, Blood Coagulating Disorders, etc.

Michigan Medicaid Programs

- ABW (Adult Benefit Waiver)
- Maternity Outpatient Medicaid Services (MOMS)
  - Pregnant women only
  - Covers all medical needs related to pregnancy
- Healthy Kids
  - Low-Income qualifying children under age 19

Plan First

- Family planning only.

Medicaid Beneficiary Eligibility Verification System (EVS)

- MiHealth Card does NOT guarantee eligibility
- How to Check Eligibility Free
  - AVRS, 1-888-696-3510
  - WebDenis, 1-877-BLUE-WEB, www.bcbsm.com
- Other companies offer Medicaid eligibility for a service fee

Scope/Coverage Codes

- Common Scope Codes
  - 1 – Medicaid
  - 2 – Medicaid
  - 3 – Adult Benefits Waiver
  - 4 – Refugees and Repatriates
- Common Coverage Codes
  - 0 – No Medicaid eligibility/coverage
  - E – Emergency/Urgent Medicaid Coverage Only
  - F – Full Medicaid Coverage
  - G – Adult Benefits Waiver
  - Y– Family Planning Waiver

Adult Benefits Waiver

- Provides basic health insurance coverage to low-income childless adults
- Limited Medicaid Coverage
  - Refer to the ABW Section of the Manual
- Level of Care (LOC) 11
  - ABW beneficiaries enrolled in County Health Plan
- No LOC code is used to identify the FFS ABW beneficiary

Medicaid Website

www.michigan.gov/mdch

MDCH
Department of
Community Health
Michigan.gov
An Official State of Michigan Web Site
Michigan.gov Home
MDCH Home | Contact MDCH | Sitemap
Search
GO
Advanced Search
Birth, Death, Marriage & Divorce Records
Physical Health & Prevention
Pregnant Women, Children & Families
Mental Health & Substance Abuse
Health Care Coverage
Statistics & Reports
Providers
Inside Community Health
Health Systems & Health Profession Licensing
Homeland Security
michigan steps up
michiganstepsup.org
Safe Delivery of Newborns
MICHIGAN Mental Health Commission
CLICK FOR MORE INFO
Tax Time Resources
[Printer Friendly]
[Text Version]
A A
What's New
From the Director
Director Janet Olszewski details the steps Michigan is taking to address the potential threat of pandemic influenza.
MDCH Announces Launch Of Michigan Volunteer Registry
Web-based System Raises Level Of Protection For Michigan Citizens
Department to Host Statewide Long Term Care Conference
Where to find information about Medicare Part D Pharmacy Plans
Helpful contact information for beneficiaries and providers
Request for Proposal for Long-Term Care Single Points of Entry PDF
Long-Term Care Single Points of Entry.
Response to Questions Submitted
About our Organization
Meet the Director
Janet Olszewski is Director of the Michigan Department of Community Health (MDCH). The department is responsible for health policy and management of Michigan's publicly funded health systems. Services are planned and delivered through several integrated components.
About the Michigan Department of Community Health
The Michigan Department of Community Health (MDCH) is one of 22 departments of state government.
The department, the largest in state government, is responsible for health policy and management of the state's publicly-funded health service systems. An estimated 1.5 million Michigan residents will ...
Departments & Agencies
State Sponsored Sites
Online Services
Quick Links
Influenza in Michigan
Michigan Medicaid Long Term Care Task Force
Informed Consent for Abortion
Shortcuts to MDCH Web Topics
MDCH Brochures Available for Download
Emerging Diseases
Might I be eligible for benefits? Click here to find out
Local Health Department Map
GENDIS - Genealogical Data
Aging Services - MiSeniors.net
News Releases
Michigan's State Planning Project for the Uninsured.
Community Collaboratives
MDCH Online Services
MiRx Prescription Savings Program
Health Professions Licensing & Regulation

Edit View Favorites Tools Help

Back Search Favorites

http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546-153200--,00.html

Go Bookmarks 20 blocked Check AutoLink AutoFill Send to Settin

Customize Links Windows Media HRMN MDCH Mich Contact Directory Yahoo! State of Michigan-DCH Login 4IRANY.COM MDCH -

SnagIt

iders
AA
lth Professional rtage Area
itutional Review Board
e Loan Repayment gram
Services
lic Health Preparedness
nmunicable & Chronic eases
artmental Forms
nmunity Mental Health vices
tificate of Need
ic Substances
stance Abuse Providers
, Death, Marriage and rce Records
ical Health & ention

Printer Friendly Text Version Email Page A- A+ Text Size

MEDICAID

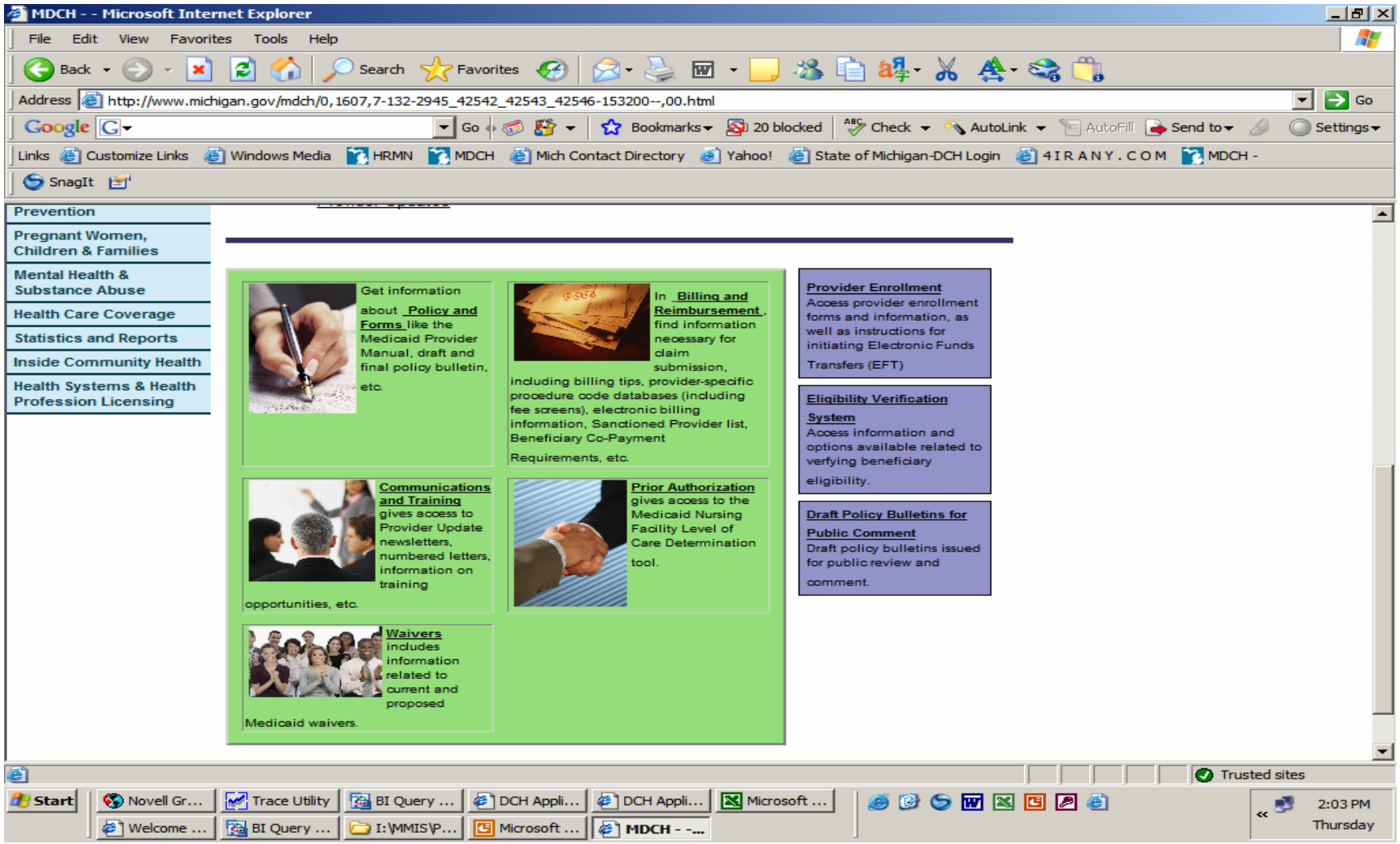
Medicaid is a federal and state funded health care program that provides comprehensive health care coverage for the medically indigent. This page supplies coverage, billing and reimbursement policies and other important information for enrolled providers. Much of the information provided also applies to other heath care programs administered by MDCH (e.g., Adult Benefits Waiver, MOMS, Plan First!, Children's Special Health Care Services, etc.)

HOT TOPICS

- CHAMPS
- Provider Updates

one Trusted sites

art Novell Gr... Trace Utility BI Query ... DCH Appli... DCH Appli... Microsoft ... 2:01


MDCH - - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546-153200--,00.html
Go
Google Go Bookmarks 20 blocked Check AutoLink AutoFill Send to Settings
Links Customize Links Windows Media HRMN MDCH Mich Contact Directory Yahoo! State of Michigan-DCH Login 4IRANY.COM MDCH -
SnagIt
Prevention
Pregnant Women, Children & Families
Mental Health & Substance Abuse
Health Care Coverage
Statistics and Reports
Inside Community Health
Health Systems & Health Profession Licensing
Get information about Policy and Forms like the Medicaid Provider Manual, draft and final policy bulletin, etc.
In Billing and Reimbursement, find information necessary for claim submission, including billing tips, provider-specific procedure code databases (including fee screens), electronic billing information, Sanctioned Provider list, Beneficiary Co-Payment Requirements, etc.
Communications and Training gives access to Provider Update newsletters, numbered letters, information on training opportunities, etc.
Prior Authorization gives access to the Medicaid Nursing Facility Level of Care Determination tool.
Waivers includes information related to current and proposed Medicaid waivers.
Provider Enrollment
Access provider enrollment forms and information, as well as instructions for initiating Electronic Funds Transfers (EFT)
Eligibility Verification System
Access information and options available related to verfying beneficiary eligibility.
Draft Policy Bulletins for Public Comment
Draft policy bulletins issued for public review and comment.
Trusted sites
Start
Novell Gr... Trace Utility BI Query ... DCH Appli... DCH Appli... Microsoft ...
Welcome ... BI Query ... I:\MMIS\P... Microsoft ... MDCH - -...
2:03 PM
Thursday

Medicaid Billing & Reimbursement

Provider Updates

- Biller “B”Aware
  - Current Medicaid issues (RAM Notices)
- Newsflash
  - Important upcoming dates
- Provider Inquirer Newsletter
- Medicare Crossover Information
- Provider Tips
  - Tips for specific provider groups

Provider Enrollment /CHAMPS

- Contact Information:
  - Phone: 1-517-335-5492
  - Fax: 1-517-241-8233
  - E-Mail: ProviderEnrollment@michigan.gov
  - P.O. Box 30238
    Lansing, MI 48909
  - Champs Hotline # 1-888-643-2408
- Provider ID will be disenrolled if mail is returned
- Report changes in Provider ID on CHAMPS
  - Tax ID, Address, Specialty, Services, etc.
- Electronic Funds Transfer (EFT)
  www.migov/cpexpress or ph# 1-888-734-9749

Medicaid Online Manual

- Viewable in Adobe Acrobat Reader
  - Version 5.0 or higher
- Updated Quarterly on Website
  - New quarterly information highlighted
- New CD’s are only sent yearly
- Directory Appendix

Medicaid Policy Bulletins and Proposed Changes

- All Bulletins posted online
- Posted by Issue Date
- Proposed Policy Bulletins posted
  - 30 day Public Comment Period
  - Request form available to Participate in Policy Proposal Review

Provider Specific Information

- Fee Screens
  - Medicaid Covered HCPCS Codes
  - Medicaid Fees
  - Modifiers Required
  - Documentation Requirements
  - PA Requirements
- Refer to the Instructions document for specific coding information

Explanation Codes

- MDCH has their own list of edit codes
- Identifies status of claim
  - Paid
  - Pend
  - Reject
- Informational Edits
  - Appear with an “X” after the edit

CMS 1500

Completing the CMS 1500

- Medicaid Online Manual
- Billing & Reimbursement for Professionals
- Section 3
  - Step by Step Instructions
  - Mandatory and Conditional Information
  - Codes
  - Exceptions

Paper Claims vs. Electronic Claims

- Paper Claims:
  - No Confirmation
  - 6 to 9 months to appear on a RA
  - Need to attach EOB
  - No paper clips, staples, white out, dot matrix printer
- Electronic Claims
  - 997 Acknowledgment
  - 1-2 weeks to appear on a RA
  - No EOB needed
  - List of approved vendors is located at the Electronic Billing website

Secondary/Tertiary Claims

- Medicaid accepts Secondary claims Electronically
  - EOB's are not needed electronically
  - CAS Segments are required electronically
- Professional claims only need to be sent on paper when attachments (not EOB's) are needed

Other Insurance Questions

- I have a Medicare non covered service, how do it reflect this to Medicaid?
  - use Modifier GY
- The beneficiary does not have other insurance, but Medicaid has it on the beneficiary's file. How do I report this?
  - Report OI in Box 11, Comments Box 19
  - Call TPL to have OI Removed, when notified, bill claim without OI

Paper Billing Requirements

- All Michigan Medicaid Recipients have an 10-digit ID Number
- Birthdates need to be in the MMDDCCYY format
  - Example: 01012006
- Do not use special characters
  - ~, *, /, ?

Over 6 to 9 months for paper claims to appear on a remittance advice

Paper Secondary/Tertiary Claims

- For Medicaid Secondary Claims:
  - *Primary* Insurance is to be reported in Box 11a – 11d
- For Medicaid Tertiary Claims:
  - *Primary* Insurance is to be reported in Box 11a – 11d
  - *Secondary* Insurance is to be reported in Box 9a – 9d
- EOB's MUST be submitted with paper claims
- Remember Medicaid is always the payer of last resort.

Referring Provider ID

- Reported in Box 17 – 17b
- Referring Provider Name in Box 17
- Referring NPI in Box 17b

Comments

- Reported in Box 19
- Use for comments that are necessary for claims processing
- Do not use unnecessary comments
- If billing electronically and comments are needed, make sure billing agent is forwarding comments to Medicaid
  - Example = CONSENT ON FILE
  - Example = voids, replacement bills, OI documentation

Replacement and Void Claims

- Submit only to replace APPROVED claims
- Source/Status = PEND or REJ
  - Replacement and Voids CANNOT be submitted
  - Resubmit New Claims Only
- One year limitation from last paid date
- Beneficiary ID and Provider ID MUST be the same as original on all Replacement and Void Claims

Replacement Claims

- Correct Claim Completion Instructions Apply
- Must have same Beneficiary ID and Provider ID as Original Claim
- Resubmit claim in its entirety how it should have been submitted originally
- Resubmission Code = 7
  - Field 22 or Loop 2300 CLM05-3
- Original 10-digit CRN
  - Field 22 or Loop 2300 REF with Qualifier F8
- Replacement Claim will completely replace original claim

Void/Cancel Claims

- Correct Claim Completion Instructions Apply
- Must have same Beneficiary ID and Provider ID as Original Claim
- Complete one service line with 0 billed
  - Entire original payment will be debited
- Resubmission Code = 8
  - Field 22 or Loop 2300 CLM05-3
- Original 10-digit CRN
  - Field 22 or Loop 2300 REF with Qualifier F8
- Void Claim will completely void original claim

When to Submit: Replacement vs. Void/Cancel

1. Incorrect Quantity?	1. REPLACEMENT
2. Incorrect Amount Billed?	2. REPLACEMENT
3. Incorrect Beneficiary?	3. VOID/CANCEL
4. Other Insurance payment?	4. REPLACEMENT
5. Incorrect Date of Service?	5. REPLACEMENT
6. Incorrect Procedure Code?	6. REPLACEMENT
7. Incorrect Provider ID?	7. VOID/CANCEL
8. Duplicate Claim Paid?	8. VOID/CANCEL
9. Original Claim Rejected?	9. NEW CLAIM

Prior Authorization (PA)

- Refer to specific codes for PA
- If PA is needed, contact:
  - MDCH Prior Authorization Division
    PO Box 30170
    Lansing, MI 48909
  - 1-800-622-0276
  - Fax 517-335-0075
- Report the 10-digit PA in Box 23

  Loop 2300 Qualifier G1

Electronic Billing

- Companion Guides
- B2B Testing Information
- Approved Vendors List
- Send all Electronic Billing questions to AutomatedBilling@michigan.gov

  no phone number available at this time.

Electronic Billing

- NM1*85 is the Group/Billing NPI information (all claims)- Loop 2010AA (box 33a)
- NM1*82 is the Individual/Rendering NPI information (professional claim)- Loop 2310B (box 24)
- NM1*DN is the Referring NPI information (professional claims) – Loop 2310A (box 17a)
- NM1*FA is the Service Facility NPI information (professional claims) – Loop 2310D
- NM1*77 is the Service Location NPI information (professional claims) – Loop 2310D

Common Reason Codes (CAS Codes)

- 1 = Deductible Amount
- 2 = Coinsurance Amount
- 42 = Charges exceed our fee schedule or maximum allowable amount
- 96 = Non-covered charges
- 45 = Contractual amount

www.wpc.edi.com/codes

Electronic Remittance Advice - 835

- 835 submitted to requested billing agent through Data Exchange Gateway (DEG)
- Request form may be found at Electronic Billing webpage
  - 835/277U Request Form
- Provider WILL continue to receive paper RA’s as well as the 835

Paper Remittance Advice (RA)

- RAs show the status of the claim
  - Paid (MA, CC, ABW, etc.)
  - Pended (PEND)
  - Rejected (REJ)
- RAs are grouped by Provider ID
- RAs will be sent to individual Providers

Information on the RA

- Claim Reference Number (CRN)
- Provider Reference Number or Account Number
- Date of Service (DOS)
- Procedure Code
- Quantity
- Amount Billed
- Amount Approved
- Explanation Codes

Paid Claims

- Source/Status = MA, CC, ABW, CO-DED, etc.
- .00 MA is considered an approved claim
- Medicaid Reimbursement
  - Lesser value of Providers Charges or Medicaid Fee Screens minus Other Insurance Payments
  - Medicaid's payment is **Payment in FULL**
  - Providers may **NOT** bill beneficiary for additional charges

Pended Claims

- Source/Status = PEND
- Review Edit Information
- Claim is still active in Medicaid system
- Do NOT rebill a correctly pended claim
  - Only rebill a pended claim when you know the claim will reject due to billing errors

Rejected Claims

- Source/Status = REJ
- Review Edit Information
- Rejected claims are no longer active in Medicaid System
- If applicable, fix any errors and rebill as a clean claim

Claim Limitation

The claim reference number begins with a 4 digit number representing the year and day of the year your claim was received by Medicaid.

D.O.S. = 3/01/07 (7060) first digit the year and the next three digits the day of the year from a julian calendar.

Claim must be received before 3/1/08 (8060)

Medicaid Billing Limitations

- 12 month limitation from Date of Service (DOS)
- Continuous Activity must be kept after 12 months.
  - Within 120 days from last rejection
  - HINT – Take the last claim and work backwards with Julian calendar.

Julian Day Calendar

Day Month	January	February	March	April	May	June	July	August	September	October	November	December
1	1	32	60	91	121	152	182	213	244	274	305	335
2	2	33	61	92	122	153	183	214	245	275	306	336
3	3	34	62	93	123	154	184	215	246	276	307	337
4	4	35	63	94	124	155	185	216	247	277	308	338
5	5	36	64	95	125	156	186	217	248	278	309	339
6	6	37	65	96	126	157	187	218	249	279	310	340
7	7	38	66	97	127	158	188	219	250	280	311	341
8	8	39	67	98	128	159	189	220	251	281	312	342
9	9	40	68	99	129	160	190	221	252	282	313	343
10	10	41	69	100	130	161	191	222	253	283	314	344
11	11	42	70	101	131	162	192	223	254	284	315	345
12	12	43	71	102	132	163	193	224	255	285	316	346
13	13	44	72	103	133	164	194	225	256	286	317	347
14	14	45	73	104	134	165	195	226	257	287	318	348
15	15	46	74	105	135	166	196	227	258	288	319	349
16	16	47	75	106	136	167	197	228	259	289	320	350
17	17	48	76	107	137	168	198	229	260	290	321	351
18	18	49	77	108	138	169	199	230	261	291	322	352
19	19	50	78	109	139	170	200	231	262	292	323	353
20	20	51	79	110	140	171	201	232	263	293	324	354
21	21	52	80	111	141	172	202	233	264	294	325	355
22	22	53	81	112	142	173	203	234	265	295	326	356
23	23	54	82	113	143	174	204	235	266	296	327	357
24	24	55	83	114	144	175	205	236	267	297	328	358
25	25	56	84	115	145	176	206	237	268	298	329	359
26	26	57	85	116	146	177	207	238	269	299	330	360
27	27	58	86	117	147	178	208	239	270	300	331	361
28	28	59	87	118	148	179	209	240	271	301	332	362
29	29	- -	88	119	149	180	210	241	272	302	333	363
30	30	- -	89	120	150	181	211	242	273	303	334	364
31	31	- -	90	- - -	151	- - -	212	243	- - -	304	- - -	365

Medicaid Resources

- MDCH Website: www.michigan.gov/mdch
- Provider Inquiry
  - Phone Number: 1-800-292-2550
  - E-Mail: ProviderSupport@michigan.gov
    (Allow 7-10 days for response)
  - Medicaid Consultants
    P.O. Box 30731
    Lansing, MI 48909

Medicare Buy-In Unit

- Providers Only
- Medicare premium amounts for beneficiaries that cannot afford the payments
- Beneficiary must be enrolled with Medicare for the Buy-In Unit to do analysis
  - Phone: 1-517-335-5488
  - Fax: 1-517-335-0478
  - Email: BuyInUnit@michigan.gov
- Beneficiaries will need to contact Beneficiary Help Line at 1-800-642-3195

Third Party Liability (TPL)

- Remove or update Other Insurance (OI) information from the TPL file
  - Phone: 1-800-292-2550 (option 4)
  - Fax: 1-517-346-9817
  - E-Mail: TPL_Health@michigan.gov

Medicaid ListServ

- What is a ListServ?
  - A subscription tool that allows Medicaid providers to subscribe to a List
  - Emails are sent out to the List anytime new information pertains to the category
- Examples of what is sent through the ListServ?
  - Provider Inquirer
  - Systems Issues
  - Upcoming Information = NPI, MMIS

QUESTIONS?